

**California State University, Sacramento**  
**2009-2010 Faculty Furlough Program**  
**FALL 2009 REQUEST FORM FOR 10-MONTH & 12-MONTH FACULTY**

**Guidelines:**

- No more than one (1) furlough day per week, and no more than two (2) furlough days each calendar month, with exception that one month in a year may have up to four (4) furlough days in a single month
- **12-Month faculty employees:** 12 days between August through December; 24 for the year
- **10-Month faculty employees:** 10 days between September through December; 20 for the year
- **Librarians, counselors, and coaches:** reduced by 8 hours in furlough week
- If furlough day falls on day when class is scheduled and faculty are teaching, faculty are encouraged to provide an alternate assignment for students.
- **Furlough day requests need to be submitted to your dean/director no later than Wednesday, September 9.**

**Requested Furlough Days:** (Specify dates of requested academic workdays in each month.) Attach separate page noting workload reduction on requested days, such as committee assignments, student advising, office hours, department meetings. If furlough on teaching day, indicate alternate assignment for students (if any).

August	(begins 08/01/09)	_____	_____	_____	
September		_____ [ ]	Ck if teaching day	_____ [ ]	Ck if teaching day
		_____ [ ]	Ck if teaching day	_____ [ ]	Ck if teaching day
October	(Oct. 16 is Campus Closure Day.)	_____ [ ]	Ck if teaching day	_____ [ ]	Ck if teaching day
		_____ [ ]	Ck if teaching day	_____ [ ]	Ck if teaching day
November		_____ [ ]	Ck if teaching day	_____ [ ]	Ck if teaching day
		_____ [ ]	Ck if teaching day	_____ [ ]	Ck if teaching day
December	(12/23 & 12/24 already designated)	_____	_____	_____	_____
January		_____			
Total Furlough Days for Fall 2009:		_____			

Pursuant to the Furlough Agreement dated July 28, 2009, between The California State University and the California Faculty Association (§5.b), I acknowledge and certify that:

- i. I will not work on an assigned or agreed upon furlough day; and
- ii. I will not work beyond the duties assigned for the furlough week.

Name (Print): \_\_\_\_\_ Dept: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reviewed by**

\_\_\_\_\_  
 Department Chair's signature \_\_\_\_\_  
 Date

**APPROVED:** [ ] Yes [ ] No (If "No," explain compelling operational needs & provide/specify approved alternate dates.)

\_\_\_\_\_  
 Dean's signature \_\_\_\_\_  
 Date

cc: Payroll Services (SAC-161)

**NOTE: FURLOUGH DATES ABOVE WILL BE ENTERED INTO CMS EACH MONTH FOR PAYROLL PROCESSING PURPOSES.**

At the end of the year, furlough days requested/approved will be reconciled to furlough days taken to ensure compliance.

\_\_\_\_\_  
 Faculty Employee's signature (at year-end to confirm furlough days taken) \_\_\_\_\_  
 Date